

The Death of Humane Medicine

Petr Skrabanek
Social Affairs Unit, £12.95+£2 postage,
pp 212
ISBN 0-90731-59-2

Professor Skrabanek defines humane medicine as caring for individual patients who come for relief of pain, compassion, and such limited cures as medicine can effect, both doctor and patient accepting the reality of death. His proposal is that humane medicine is being displaced by dubious prevention programmes, which coerce populations into "healthy" lifestyles and unjustified screening and doctors into becoming agents of the state.

I have some sympathy with his suggestion, my own lifestyle never having been particularly healthy. The primary motive of most health promotion campaigns is to help people remain healthy for longer, but they seem to allow a number of peculiar assumptions to sneak in. One seems to be that if you don't smoke and if you take regular exercise, avoid saturated fats, and drink a very moderate amount of red wine, death will be postponed indefinitely. Healthy living does not guarantee longevity. Professor Skrabanek notes that James Fixx, author of the best-selling *Complete Book of Running*, dropped dead while jogging at the age of 52. Conversely, and sadly, he himself died in June this year from cancer of the prostate at the age of 53. Life is a lottery. It would be more honest to tell people that a "healthy" regimen may reduce the risk of premature death, but it may also increase the chance of a more drawn out illness later on.

A second implicit message is that disease is often the patient's fault. This leads on to a debate on the appropriateness of using medical resources for people "who bring misfortune on themselves" (smoke, overeat, are homosexual, or fail to wear a cycle helmet). Another is that normal people with a healthy self image will benefit from having various risk factors for possible disease identified early.

Professor Skrabanek deplors the medicalisation of the morality of the establishment, especially concerning drugs, alcohol, and sex. (This is not a recent phenomenon. Apparently in 1945 the General Medical Council ruled that the words "unsuitable for unmarried women" must be printed on every box of tampons.) He contrasts the health agendas of the left and right, the first believing that people can be made healthy by improving an environment sullied by unrestrained capitalism, the second arguing that individuals are responsible for their own health (and diseases?) and warning of the expense of looking after the sick. He asks the disturbing question, how far have doctors become agents of the state rather than advocates of their patients? They may be forced by law to



The art of uroscopy illustrated in *History of Nephrology* (Karger, Sw Fr 74, ISBN 3-8055-6072-9), a wide ranging account with an Italian bias as it records a conference in Naples. Topics include the early schools, the personalities, detailed descriptions of medicinal plants, and the major contributions to present knowledge.

divulge confidential information, succumb to financial inducements to pressurise patients to be screened regularly, and be encouraged to police state benefits. Certainly, the medical profession does not have an unblemished record of resisting pressure to collaborate with the cranky public health policies of ideologically motivated regimes.

I enjoyed *The Death of Humane Medicine*. It is a provocative, if somewhat repetitive, book. I plan to lend my copy to a couple of trainees in general practice who attend the local half day release course, and I look forward to the ensuing debate.—MICHAEL MODEL, senior lecturer, department of primary health care, University College London Medical School

Preventionitis: The Exaggerated Claims of Health Promotion

Ed James Le Fanu
Social Affairs Unit, £9.95 + £1 p&p, pp 133
ISBN 0-907631-58-4

Across the political spectrum there is a widespread disagreement about how we should best advance the national health. On one matter, however, disputants from left and right agree: they despise health promotion. To collectivists, health education entails "blaming the victim." The responsibility for health problems lies in the inequalities of society, and health education does nothing more than foist this responsibility on to the very people who suffer most and are in the least powerful position to change their

circumstances. Thus exhortations to "eat yourself fitter" serve only as a smokescreen for the real problems.

Such attitudes to health promotion come from commentators who believe, unlike Mrs Thatcher, that there is such a thing as society. *Preventionitis* is produced by the Social Affairs Unit, a representative of that oxymoron the "right wing think tank," so should we expect a more sympathetic view of health promotion? The answer, given in the subtitle, is a clear "no."

In the book's most restrained chapter Lawrence Ramsay and colleagues examine attempts to lower population blood cholesterol concentrations and suggest that health promotion may simply be missing the target. On a different tack, James Le Fanu argues that health promotion just doesn't work, even when initiatives and interventions are theoretically well grounded. Public money, contends John Hampton, in a chapter that does acknowledge the socioeconomic foundations of much poor health, would be better spent on treating ill patients than on ineffective preventive activities. The late Petr Skrabanek maintains that it is, in any case, unethical to attempt to interfere with the behaviour of individuals without a mandate.

Overall, the chapters are of variable quality. Few readers will benefit from Mark Charny's dull treatment of screening, for example, and Le Fanu's contribution is marred by being heavily dependent on a review nearly two decades old. On the other hand, Frank Holloway's demolition of foolish *Health of the Nation* targets regarding mental health is effective, and Petr Skrabanek writes as elegantly as ever.

The real hero of this book is, of course, Reg. Reg, it will be remembered, was the leering, bald, middle aged man in cigarette advertisements who, through his various poster appearances, made pithy and humorous comments on topics of public interest, such as party politics ("if you drop ash on the carpet you won't be invited again") and the greenhouse effect ("my tomatoes do better under glass"). Clasp a cigarette in his fingers, he epitomised the image of a smoker as someone with enough common sense to be able to hear health warnings but make his own decision to enjoy life to the full.

Reg, the Thatcherite's dreamboat, having bought his council house and living on a diet of the *Sun*, also probably hates the "totalitarian politicians" invoked by Charny and the lefties with their "notions of a permanent revolution" who, Bruce Charlton would have us believe, want to ruin the nation's health through the implementation of utopian programmes. Reg may, therefore, think that his friends who have written this book want no interference with his freely made "product choices" of ciggies and booze.

He would, however, be disappointed with the final conclusions of some of these would-be moderns. What underlies their apparent radicalism is often a paternalistic view of a

bucolic past, in which everyone knew his or her social place and benevolent doctors ensured the best for their flocks. Herein lies the book's most interesting message—that, along with wild eyed Trots and the drier than dry Michael Portillo enthusiasts, there are crusty old "one nation" Tories who harbour an intense dislike of health promotion too.—
 GEORGE DAVEY SMITH, *senior lecturer in epidemiology and public health*, CHARLIE DAVISON, *research fellow in medical anthropology, University of Glasgow*

Challenging Medicine

Ed Jonathan Gabe, David Kelleher, Gareth Williams
 Routledge, £12.99, pp 199
 ISBN 0-415-088178

The external challenges to medicine discussed in this collection of nine essays include antivivisectionism, nurses seeking their own autonomous place in the division of medical labour, and the challenge of unorthodox alternatives to regular medicine.

Most of these challenges have long histories; some are new—for example, David Kelleher's suggestion that while self help groups organised around specific chronic diseases are largely complementary to the work of medicine, they nevertheless promote "a subversive readiness to question the knowledge of doctors." Other new challenges based at least partly in the lay experience include "popular epidemiology," the feminist critique of medicine, and the increase in Britain since 1980 of tort litigation.

Overall, the essays—all by medical sociologists—question whether medicine will remain for long a dominant profession. What do the challenges portend?

The opening essay by David Hunter discusses the one challenge that is probably foremost on doctors' minds: Will medicine's influence in health care be eroded by the "managerial revolution?" Hunter says "No." Doctors, he argues, have the ultimate kind of power: the power to determine what it is that managers will want them to do.

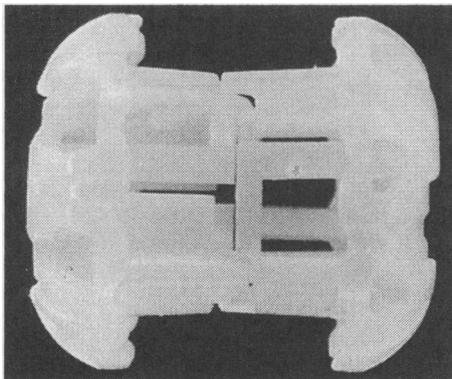
There are now, however, powerful countervailing forces at work. The British "trust" hospitals as well as the several American varieties of "integrated systems" face competitive market forces that were unknown two decades ago. Each organisation must now market its entire range of services, which means that if the medical staff fails to act as a unit, it jeopardises the fiscal health, even the survival, of the institution. Yet managers are apprehensive about pledging the accountability of an entire, multispecialty hospital staff, because, as Hunter says, they must fight the "tribalism" of the specialties, each with its own vertical hierarchy and clannish behaviour.

On this point, managers in the United

Kingdom may face greater difficulty than their American counterparts, since British specialists have the stronger tradition of rank hierarchy. Doctors in the United States are, moreover, getting younger each year in the aggregate—a situation attributable to the perceived doctor shortage in the 1970s that led to a government aided expansion of medical schools without any centralised control over total physician supply or distribution by specialty. Newer professionals may be more likely than veterans to accept managerial control.

Physicians in Britain, Hunter suggests, should continue to set the agenda for their own work, for their cultural authority will probably remain intact despite the other challenges to it. And although the NHS reforms may have undercut doctors' administrative authority, the internal market has not, thus far, threatened their jobs. On the other hand, the supply of specialties in the United States is far greater than what prudently managed demand would suggest is needed. This fact underlies the more serious threat that American managers pose to the medical profession. They are not only attempting to move doctors away from "tribalism toward corporatism" (the proletarianisation of medicine), they are forcing medical staffing to fit a market driven demand. It is not merely the American doctors' behaviour that is at risk, but their jobs—a potent challenge indeed.

All the essays are knowledgeable and well argued. They suffer from an over-enthusiasm for literature review, made more annoying by the insertion of each citation parenthetically in the text. The collection is one of those periodic snapshots of the medical profession in its environmental context that future social historians will value and contemporary sociologists will eagerly absorb and wish to cite (parenthetically) in their own papers.—DONALD L MADISON, *professor of social medicine, the University of North Carolina at Chapel Hill, USA*



Technology from sutures to staples to preliminary trials of biofragmentable anastomotic rings designed to degrade in about 18 days (illustrated here) is covered in *Operative Colorectal Surgery* (Saunders, £96, ISBN 0-7216-3366-8). This largely American text concentrates on the numerous advances of recent years.

Selection

Menstruation and its disorders, infertility, premenstrual tension, contraception, and the menopause are predictably the main items of *Understanding Common Disorders in Reproductive Endocrinology* (Wiley, £129.95, ISBN 0-471-94151-4). The unwieldy title contrasts with clear accounts by different experts and a thoughtful discussion of moral issues in assisted conception—aimed at the generalist.

Directed at medical students and trainee psychiatrists, the deservedly popular *Psychiatry in Medical Practice* (Routledge, £16.99, ISBN 0-415-10612-5) from Manchester concentrates on the somatic features of psychiatry. The second edition has been updated to include the latest on antidepressants, sections on AIDS and post-traumatic stress disorders, and the new ICD 10 classification of diseases.

The only certainty in *Breast Cancer: Controversies in Management* (Futura, ISBN 0-87993-562-6) seems to be that there is no consensus. In nearly 600 pages experts from the United States, Canada, Italy, and the United Kingdom disagree about almost everything—the value of screening, disease staging, type of surgery, the place of adjuvant therapy, and "cure." A fascinating, if somewhat depressing, read.

The increasing popularity of longitudinal studies in such topics as growth, development, psychopathology, and aging is reflected in *Problems and Methods in Longitudinal Research* (Cambridge University Press, £25, ISBN 0-521-40195-X) and *Longitudinal Research on Individual Development* (Cambridge University Press, £45, ISBN 0-521-43478-5). The final volumes in a series of six produced by the European Science Foundation, they make few concessions to the complexities of this type of research: the influence of genetic make up versus environment, stability versus change, the effects of "turning points" and events are only a few.

In spite of the complexities, a sense of excitement pervades the 21 chapters of *The Pulmonary Circulation and Gas Exchange* (Futura, \$75, ISBN 0-87993-572-3). This is because the editors invited world experts to write personal essays on how their research evolved, which makes for riveting reading.

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